

Can't Intubate, Can't Ventilate: LMA to the Rescue?

The laryngeal mask airway (LMA) is used primarily for elective anesthesia but has been proposed as a rescue device in cases of failed intubation. These authors from Philadelphia report on LMA use in 25 cases of failed intubation and failed ventilation in which ventilation could not maintain oxygen saturation over 90%. A standard team responded to these cases and completed a detailed data form after intervention.

In 17 of the 25 cases, the LMA was used as the first rescue device, and was successful in 16. The one failure was due to upper airway obstruction by an iatrogenic hematoma from previous maneuvers. Oxygen saturation ranged from 50% to 90% before LMA insertion, and was 100% in 15 of 16 patients and 92% in one after LMA insertion. The median number of direct laryngoscopies was four. The eight remaining cases were resolved with various methods, including fiberoptic bronchoscopy, retrograde intubation, and cricothyrotomy.

Comment: Unanticipated failure of intubation and of ventilation are rare in the ED, probably one in one thousand patients. The LMA is easily learned, and a new intubating version of the LMA is now available. Additional research is needed, but the LMA appears to be a promising rescue device for airway failure in the ED.

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Parment JL. The laryngeal mask airway reliably provides rescue ventilation in cases of unanticipated difficult tracheal intubation along with difficult mask ventilation. *Anesth Analg* 1998 Sep 87 661-665.